

Holland County Council.

EDUCATION COMMITTEE.

Annual Report
OF THE
School Medical Officer.

1920.

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TO THE CHAIRMAN AND MEMBERS
OF THE
Holland County Education Committee.

LADIES AND GENTLEMEN,

My twelfth Annual Report, which follows, on the work of the School Medical Service in this area for the year ending 31st December, 1920, has been drawn up, so far as is practicable, under the heads suggested in a memorandum recently issued by the Board of Education. In this memorandum, the Board ask, in connection with every branch of the work, for a review of the methods adopted; if these have been described in former reports they are not repeated here. On a number of important points it is not practicable to give precise information, as the scheme adopted by your Committee and submitted to the Board of Education on 12th July, 1920, has not yet been approved by them.

1. PARTICULARS OF STAFF.

School Medical Officer and Medical Inspector of School Children.—A. W. Tuxford, M.D., M.R.C.S., L.R.C.P., D.P.H., who is also County Medical Officer of Health and County Tuberculosis Officer.

Visiting Ophthalmic Surgeon.—W. G. Laws, Esq., M.B., C.M., F.R.C.S. (Eng.)

School Nursing Staff.

District.	Nurse.
Northern.	Miss A. M. Parsons, C.M.B.
Central.	Miss A. D. Black, C.M.B.
Western.	Miss E. Snaith, resigned 10th Apr., 1920.
„	Miss A. Parkinson, C.M.B., resigned 3rd Jan., 1921.
Southern.	Miss F. Laidler, resigned 30th Sep., 1920.
„	Miss F. Ward, C.M.B., resigned 3rd Jan., 1921.
Eastern.	Miss A. L. Wharton, C.M.B.

Each Nurse, who is also Infant and Tuberculosis Health Visitor, devotes approximately two-fifths of her time to School Work, her duties including the following up of defective children, the treatment of minor defects, attendance at medical inspections and school clinics and periodical inspection of the children's hair and clothing. The Nurses in the Western and Southern districts resigned through inability to obtain suitable lodging accommodation in Spalding, and your Committee, therefore, decided not to make any further appointments for the present.

Clerk to the School Medical Officer — Mr. W. Ingram, of the Health Department of the County Council, who is in charge of all the clerical work connected with the School Medical Service, to which he gives approximately one half of his time.

2. CO-ORDINATION.

(a) **Infant and Child Welfare.**—The School Nurse for each district is also the Infant Health Visitor for the same district.

(b) **Nursery Schools.**—There are none.

(c) **The Care of Debilitated Children under School Age** — comes within the province of the County Nurses as Health Visitors, but not as School Nurses.

3. SCHOOL HYGIENE.

There is little change to report, though much is needed. In one respect, particularly, there is great scope for improvement, namely in the arrangements for heating the schools. There are quite a number of schools where, in the winter months, the temperature remains between 40 and 50 degrees, or even lower, throughout the greater part of the day. These schools are generally heated by means of ill-designed and wasteful fireplaces, which permit the greater part of the heat generated to escape by the chimney. Other schools are heated by hot water pipes, and the temperature usually varies between 50 and 60 degrees. Children contract colds and other infectious illnesses because, in the first instance, their resistance is lowered by exposure to cold and wet. If they have no opportunity, on arriving at the school, of becoming **thoroughly** warm and dry (and such opportunity is never available in schools heated by pipes) they are not only unable to respond adequately to the teaching, but they also quite easily contract any infection that may be prevalent. I am convinced that a large proportion of the poor attendances at many schools during the winter months may be traced ultimately to defective heating arrangements. It ought to be possible for the children's outdoor clothing and boots to be dried, if necessary, at every country school, but such facilities are, at present, not very numerous. Open fire places of modern design are the most effective and healthy means of heating schoolrooms, and may be supplemented, in a few cases where the rooms are large, by pipes from a boiler connected with the fire, to warm the more remote corners.

If your Committee propose to take any action in this matter, I shall be glad to report on the heating arrangements at each school as I visit it during the present year. In most cases, the expense of alteration would be balanced in quite a short time by the saving of coal and the improved attendances, and the reform would be an economy.

4. MEDICAL INSPECTION.

(a) **Groups of the Children Inspected.**—These are as follows:

1. Those who have begun elementary school-life since the last inspection (not including children already inspected at other schools).

2. Those between the ages of 8 and 9. These inspections were only started in October, and were carried out at all schools whenever time allowed.

3. Those of 12 years of age and over who have not already been inspected as leavers, and any others likely to leave school finally within 12 months.

4. Those who, whether on the school register or not, require examination for defects of breathing, sight, hearing, speech, skin or nutrition, and including children suffering from contagious conditions, deformities or neglect, and epileptic and delicate children.

5. Those who are retarded more than 2 years in their school work.

6. Those at work under the Employment of Children By-laws.

7. Those for whom treatment was recommended, or who were placed under observation, at the previous inspection.

(b) **Extent to which the Board's Schedule has not been followed.** — The Schedule has been adopted completely, with certain minor alterations, which enable a more complete medical history of the child to be obtained, and, by a re-arrangement of the headings on the back of the Schedule, facilitate the process of medical inspection. It is proposed, also to use an additional heading for recording the degree of Physical Development of the child, a matter not dealt with hitherto in the Board's Schedule, but the importance of which was made obvious during the war.

(c) **The early ascertainment of Crippling Defects.** — This is provided for in the scheme now before the Board of Education.

(d) **Disturbance of School Arrangements by the Inspection.**—A certain disturbance of school routine and some overcrowding was inevitable at nearly all the schools, and it is now accepted as such by a majority of the teachers. At three small one-roomed Infant Schools, part of the room is screened off, or else the children have out-door instruction during the inspection.

5. FINDINGS OF MEDICAL INSPECTION.

A statement of the defects found is given in Table II., and fuller details of certain conditions and defects in Table A.

(a) **Uncleanliness.**—Table A shows a reduction of about 3 per cent. in the total number of children infested with lice, the reduction being in the number of the more highly infested children. There has been a considerable reduction in the number of notices sent to parents since the appointment of a full nursing staff two years ago. Eighteen warning notices were sent in intractable cases during the year, and were generally followed by some improvement.

(b) **Minor Ailments.** — Fewer of these cases are seen on medical inspection than formerly, due chiefly to the fact that many of them are discovered before the inspection and treated by the Nurses. For instance, there is a marked falling off in the number of cases of Ringworm seen, as compared with former years. On the other hand, the number of children infested with threadworms is as large as ever. These parasites are responsible for quite a considerable fraction of the total of chronic ill-health from which many children suffer, and their effects are not lessened by the unsuitable remedies generally obtained by the parents from chemists' shops. A number of these cases have been treated and cured under the supervision of the School Nurses. A very large number of the children in the area are infected at some time before or during school-life, but the source of infection is rarely ascertained.

(c) **Tonsils and Adenoids.**—The proportion of these cases was slightly larger than in the previous year.

(d) **Tuberculosis.**—Ten new cases of pulmonary and one of non-pulmonary tuberculosis were found, in addition to a further considerable number of children in whom the disease was suspected. The increased numbers this year are due to confirmation of the diagnosis in a number of hitherto doubtful cases. Most of these could be traced to the after effects of the Measles and Influenza epidemics, which occurred towards the end of the war after a prolonged period of dearth of nutritious food and of fuel. They do not represent the normal incidence of the disease in this area, but are an indirect result of the war.

(e) **Skin Diseases.**—See (b).

(f) **External Eye Disease.**—See (b).

(g) **Vision.** — The proportion of children with defective eyesight is considerably less than it was some years ago. This improvement has now been maintained for two or three years.

(h) **Ear Disease and Hearing.**—See (b).

(i) **Dental Defect.**—Table A shows figures very similar to those of previous years. The appointment of a School Dentist is probably the most needed development of the work of the School Medical Service in this area. Local dentists, as a rule, will not deal radically with children's teeth, stoppings of temporary teeth being very rarely seen. Much needless ill-health and poor nutrition result from dental caries.

(j) **Crippling Defects.**—Three cripples were inspected during the year. Many of this class of defective are not on the school register, and the School Nurses are now discovering some of them in their homes and bringing them forward for inspection.

6. INFECTIOUS DISEASE.

Measles was very prevalent in all parts of the County during the Spring, and necessitated a large number of school closures. Throughout an autumn of abnormally mild weather the area has been remarkably free from infectious disease and, as the accompanying table shows, only 6 schools have been closed since the end of July.

7. FOLLOWING-UP AND OTHER WORK OF THE SCHOOL NURSES.

The arrangements made for following-up have been described in previous reports. During the year the staff of, approximately, four nurses paid 2,691 visits to parents, and interviewed them in 2,531 instances with reference to the treatment of defects; 643 visits were paid to the schools, of which 380 were for the purpose of inspections of children's heads, clothing and general condition; 24,658 children were inspected, and notices were sent to parents in 1,251 cases, of which 544 were remedied. In addition, they treated the following cases:—

	No. of Cases.	No. Cured 31st Dec
Ringworm	77	58
Scabies	79	62
Impetigo	261	222
Blepharitis	40	32
Otorrhœa	25	11
Others	63	55

SCHOOL CLOSURE.

Disease.	Departments Closed.	By.	From.	Until.
Measles	Surfleet	S.M.O.	26 Dec.	28 Jan.
	Moulton Chapel	"	29 Dec.	2 Feb.
"	Fleet Fen	"	14 Jan.	23 Feb.
"	Cowbit	"	21 Jan.	16 Feb.
"	Whaplode Shiphay Stow	"	22 Jan.	16 Feb.
"	Whaplode Drove	"	22 Jan.	16 Feb.
"	Gedney Hill	"	28 Jan.	23 Feb.
"	Donington Boys	"	2 Feb.	23 Feb.
"	Wyberton	"	2 Feb.	23 Feb.
"	Long Sutton Infants	"	10 Feb.	8 Mar.
"	Donington Infants	"	10 Feb.	1 Mar.
"	Tongue End	"	12 Feb.	8 Mar.
"	Gosberton Junior	"	16 Feb.	8 Mar.
"	Donington Girls	"	23 Feb.	8 Mar.
"	Quadrang Cowley	"	26 Feb.	22 Mar.
"	Donington Infants	"	3 Mar.	15 Mar.
"	Wrangle Central	"	15 Mar.	12 Apr.
"	Brothertoft Barley Sheaf	"	22 Mar.	12 Apr.
"	Frampton	"	24 Mar.	14 Apr.
"	Pinchbeck St. Matthew	"	29 Mar.	12 Apr.
"	Sutton St. Edmund, South			
"	Eau Bank	M.O.H.	12 Apr.	3 May
"	Old Leake Church End	S.M.O.	13 Apr.	4 May
"	Quadrang Infants	"	13 Apr.	26 Apr.
"	Old Leake Central	"	13 Apr.	3 May
"	Amber Hill	"	13 Apr.	3 May
"	Holbeach Bank	"	14 May	7 June
"	Sutterton	"	23 June	2 July
"	Kirton Church End	"	24 June	2 July
"	Fosdyke	"	22 July	24 July
"	Algarkirk	"	20 July	9 Aug.
"	Holbeach St. John	"	27 July	6 Aug.
"	Kirton Marsh	"	16 Aug.	6 Sept.
"	Moulton Seas End	"	13 Oct.	8 Nov.
"	Sutton Bridge (3 dep'tm'ts)	M.O.H.	3 Nov.	1 Dec.
Measles & Scarlet Fever	Sutton S. Edmund Chapel End	"	8 Jan.	5 Feb.
Measles & Whooping Cough	Skirbeck S. Nicholas Infants	S.M.O.	23 Feb.	17 Mar.
"	Pinchbeck West	"	4 Mar.	29 Mar.
"	Bicker	"	9 Mar.	29 Mar.
Measles & Influenza	Holbeach Infants	"	16 Mar.	6 Apr.
"	Holbeach Girls	"	17 Mar.	6 Apr.
"	Holbeach Boys	"	18 Mar.	6 Apr.
"	Quadrang Eaudyke	"	22 Mar.	12 Apr.
Whooping Cough	Tongue End	"	14 June	5 July
"	Fleet Fen	"	23 June	19 July
"	Spalding St. Norbert	"	11 Nov.	2 Dec.
Chicken Pox	Holbeach Infants	"	23 Feb.	8 Mar.
Scarlet Fever	Spalding Marsh	"	23 Feb.	22 Mar.
Influenza	Weston Hills	"	27 Feb.	8 Mar.

8. MEDICAL TREATMENT.

(a) **Minor Ailments.**—There are as yet no clinics for these defects. They are treated by the School Nurses at the Schools or in the homes.

(b) **Tonsils and Adenoids.**—There was a marked increase in the number of operations for these conditions, nearly one-third of the total number of children re-inspected having been treated. In 43 cases the treatment was thorough and the results quite satisfactory.

(c) **Tuberculosis.** — Under the County Council's scheme, treatment being now available for non-insured persons, two children with pulmonary tuberculosis were sent to Sanatoria, and one with spinal caries to a hospital. Shelters are provided when necessary. Beyond advice as to the mode of life and exclusion from school, no further treatment is provided, there being no tuberculosis dispensaries.

(d) **Skin Disease.** — Ordinary cases are dealt with by the School Nurses. The treatment of Ringworm by means of a strong solution of Perchloride of Iron continues to give satisfactory results. Treatment is also provided for impetigo and scabies, but, owing to inefficient co-operation of the parents the cure of many cases of the latter disease is unduly delayed.

(e) **External Eye Disease.**—See (a).

(f) **Vision.**—Three clinics were held at Boston and Spalding during the year; 82 children were examined by the ophthalmic surgeon, and glasses were ordered in 76 cases. The glasses were paid for by parents in all but 5 cases, in 4 of which payment was remitted by your Committee owing to poverty, and in one case, where the parent refused delivery of the spectacles, steps are being taken to recover the cost. There have been a number of instances of ill-fitting glasses, due in most cases to the pliable nature of the gold frames insisted on by some parents. In future all glasses supplied from the clinics will have steel frames.

(g) **Ear Disease and Hearing.** — Cases of ear discharge, when not due to adenoids, are treated by the School Nurses. Some cases are cleared up by proflavine, others after treatment by instilling drops of a solution of boric acid in glycerine and rectified spirit, though this form of treatment is not always practicable. Some cases prove intractable to all antiseptic treatment and require operation; this, however, is seldom obtained.

(h) **Dental Defects.**—Only a small proportion of cases are treated, and the treatment obtained is generally only partial. The Education Committee have decided, under the new School Medical Service scheme, to consider the advisability of appointing a qualified Dental Surgeon. The need for organised dental treatment was dealt with in my last report.

(i) **Crippling Defects and Orthopædics.** — There is no special method for dealing with these cases.

9. OPEN-AIR EDUCATION.

There are no facilities for open-air education, though at some schools classes are held in the playgrounds in the summer. There are a large number of children in the area who would benefit greatly by the provision of open-air classrooms.

10. PHYSICAL TRAINING.

The course of Physical Exercises adopted in the schools is generally that prescribed by the Board of Education. Judging by the number of children one finds with deficient air entry into the lungs, the full benefits of this course do not appear to be achieved at some of the schools.

11. PROVISION OF MEALS.

There has been no need for the provision of meals by the Local Authority. There is, however, considerable need for supervision of the mid-day meal of the large number of children who remain all day at many of the schools. (See my Annual Report for 1919).

12. SCHOOL BATHS.

There are none.

13. CO-OPERATION OF PARENTS.

Invitations to attend the inspection of their children are sent to all parents, except occasionally when neglected children are to be re-inspected and an invitation would probably result in their non-attendance. The co-operation of those parents who keep their children at home on the day of inspection, and who still form a numerous class, could best be secured by action under the School Attendance Byelaws. At some schools practically all the parents are present, at others none. The parents of 26.9 per cent. of all children inspected (31.4 per cent., exclusive of re-examinations) attended the inspections. Their interest in the work is increasing, and there is a greater readiness manifested to do what they can for their children's health. Notices of defects and of the appropriate means of remedying them are sent out, or given out, in every case.

14 CO-OPERATION OF TEACHERS.

The Head Teachers make out, or obtain from other schools, the medical inspection cards, select special cases for examination, send invitations to parents, and see to the preparation of a room for the inspection, at which they are present unless a school nurse is in attendance. The amount of help asked for from them has now been reduced to a minimum, and will compare favourably with the demands on their time in other areas. At most of the schools, head teachers have given every assistance in the work, and some also assist in obtaining treatment in individual cases, but they are not asked generally to undertake following up. Occasionally, they apply dressings in minor ailments which would otherwise be left untreated in the intervals between the nurses' visits.

The directions given with respect to the exclusion of children are not always observed, being apparently regarded at certain schools as of no great importance.

15. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

There is no formal co-operation as yet, but this is provided for in the scheme adopted by the Education Committee last June, and not yet approved by the Board of Education.

16. CO-OPERATION OF VOLUNTARY BODIES.

Five cases were referred to the National Society for the Prevention of Cruelty to Children, of which three were of neglect, one of disregard of medical directions vitally affecting a child's health, and one of ill-treatment. The Inspector is dealing with these cases. The United Educational Foundation Charity at Sutton St. Edmund obtained treatment for practically all cases of defect in that parish. There are no arrangements for co-operating with any other voluntary bodies.

17. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Six children were maintained in special schools, viz.: 1 deaf and dumb girl in the Royal Institution for the Deaf and Dumb, Derby; 2 blind children, brother and sister, and a blind boy at the Yorkshire School for the Blind; one blind boy at the Sheffield Institution for the Blind, and one blind girl at the Royal Midland Institution for the Blind. No cases of mentally defective or epileptic children were specially dealt with during the year. One imbecile and seven mentally defective children were examined.

18. NURSERY SCHOOLS.

There are none.

19. SECONDARY SCHOOLS.

There is no provision for medical inspection at Secondary Schools.

20. CONTINUATION SCHOOLS.

There are none.

21. EMPLOYMENT OF CHILDREN.

Arrangements for the inspection of employed children have been made in the scheme now before the Board of Education. Children of school age, if unfit, will not be given an Employment Card. In the case of children leaving school the local Employment Exchange will be notified of any unsuitability for certain occupations.

22. SPECIAL INQUIRIES.

None were made during the year. Previous enquiries undertaken in this area include the construction of tables of average height and weight of English school children (1911, in collaboration with Dr. R. Ashleigh Glegg), and their practical application by means of formulæ for the measurement of physical development (1916). It would be an advantage if these averages could be confirmed, or where necessary amended, under the direction of the Board of Education. The organisation for the collection of data is in existence, and the results of the investigation would be of great value, both scientific and practical.

23. MISCELLANEOUS.

Removal of Names from School Registers. — The names of seven children, suffering from Tuberculosis, were removed from the school registers.

Exclusion from School. — 127 children were excluded from school with defects, as follows:—

	Routine.	Special.	Re-in- spection.
Clothing Defects	1	4	—
Pediculosis	7	1	23
Uncleanliness—Neglect	3	2	7
Skin Diseases	23	8	7
Bronchitis	2	—	1
Tuberculosis, definite or suspected ...	21	3	5
Infectious Diseases	2	—	2
Spinal Curvature... ..	1	—	2
Ear Disease	—	—	1
Eye Disease	—	—	1
Tonsillitis	2	—	—

The subjoined tables, required by the Board of Education, have been compiled as accurately as is possible, but it is difficult, in a county area and with a limited staff, to furnish all the information in the form desired by the Board. The method suggested by the Board for keeping records for these tables involves, apparently, the making out of an envelope and two cards for every child inspected, and of three further cards for every defect found. The adoption of this method is not practicable without an increase of clerical staff and office accommodation.

I am,

Your Obedient Servant,

A. W. TUXFORD,

School Medical Officer.

Sessions House, Boston.

April, 1921.

TABLE 1.

Number of Children Inspected during 1920.

A. ROUTINE MEDICAL INSPECTION.

Age.	Entrants.					Total
	3	4	5	6	Other ages.	
Boys	145	338	136	59	678
Girls	94	314	108	56	572
Total	239	652	244	115	1250

Age.	Inter- mediate Group.	Leavers.			Other Ages.	Total	Grand Total
		12	13	14			
Boys ...	137	451	47	3	13	514	1329
Girls ...	89	440	45	...	9	494	1155
Total ...	226	891	92	3	22	1008	2484

B. SPECIAL INSPECTIONS.

Group			Special Cases	Re-examinations.
Boys	...	...	103	407
Girls	...	...	81	567
Totals	...	...	184	974

C.

NUMBER OF INDIVIDUAL CHILDREN
INSPECTED.

3627.

TABLE II
Return of defects found.

Defect or Disease.					Code Groups		Special Cases		
					No. Referred for treatment.	No. kept under observation only.	No. referred for treatment	No. kept under observation only.	
Skin	...	{	Malnutrition	...	...	11	1	1	...
			Uncleanliness, Head	...	...	124	16	9	1
			" Body	...	...	12	...	7	..
			Ringworm, Head	...	...	3	...	4	...
			Scabies	...	...	13	...	4	...
			Impetigo	...	...	17	1	8	...
			Other Diseases	...	...	6	...	3	...
Eye	...	{	Blepharitis	...	...	5	...	5	...
			Corneal Ulcer	...	...	1	1	...	...
			Defective Vision	...	...	30	...	31	2
			Squint	...	...	3	15	...	1
			Other Conditions	...	...	5	1	2	1
Ear	...	{	Defective Hearing	...	...	1	1	...	...
			Otitis Media	...	...	8	...	5	...
			Other Ear Diseases	..	...	...	...	1	...
Nose and Throat	{	Enlarged Tonsils	...	...	65	39	8	2	
		Adenoids	...	...	23	25	6	2	
		Enlarged Tonsils and Adenoids	...	...	14	15	7	...	
		Other Conditions	...	...	9	3	6	1	
			Enlarged Cervical Glands						
			Non-Tubercular	...	...	...	...	1	1
			Dental Defect	...	...	87	2	4	...
			Defective Speech	...	...	..	1	...	...
Heart and Circulation	{	Heart Disease, Organic	...	...	13	...	...	...
		" Functional	...	...	8	1	...	...
		Anæmia	...	...	11	...	1	...	
Lungs	...	{	Bronchitis	...	...	4	...	...	...
			Other Non-Tubercular Diseases	...	...	3	11	3	1
Tuber- culosis	{	Pulmonary, Definite	...	...	6	...	4	...	
		" Suspected	...	...	27	9	4	...	
		Non-Pulmonary Spine	...	...	1	...	1	...	
		" Other Forms...	...	...	2	1	1	...	
Nervous System	{	Epilepsy	...	...	2	...	...	...
		Other Conditions	...	...	3	...	4	...	
Deform- ities	{	Rickets	...	...	3	...	...	...
		Spinal Curvature	...	...	5	...	1	...	
		Other Forms	...	...	11	1	5	...	
Other Defects and Diseases					...	40	3	19	...

Number of Individual Children having defects which required treatment or to be kept under observation

802

TABLE IV. TREATMENT OF DEFECTS.

A. Treatment of Minor Ailments.

Disease or Defect.	Number of Children.			
	Referred for Treatment 1920.	Found to have been treated, on Re-inspection 1920.		
		Under Local Education Authority's Scheme.	Otherwise	Total
Skin:—				
Ringworm, Head	9	20	...	20
Ringworm, Body ... ..	...	2	...	2
Scabies	18	22	...	22
Impetigo	33	20	...	20
Minor Injuries ... ..	...	2	1	3
Other Skin Disease	12	11	...	11
Ear Disease	15	10	...	10
Eye Disease (external and other)	18	9	...	9
Miscellaneous	59	27	2	29

B. Treatment of Visual Defect.

Number of Children referred for Refraction, 1920	Number of Children Re-inspected during 1920.								
	Submitted to Refraction.				For whom Glasses were Prescribed.	For whom Glasses were Provided.	Recommended for Treatment other than by Glasses.	Received other Forms of Treatment.	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Other-wise	Total					
64	36	4	1	41	37	37	2	2	3

C. Treatment of Defects of Nose and Throat.

Referred for Treatment 1920	Number of Children Re-inspected during 1920.			
	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme.	By Private Practitioner or Hospital.	Total	
138	...	63	63	...

F. Treatment of all other Defects.

DISEASE OR DEFECT		NUMBER OF CHILDREN			
		Referred for Treatment 1920	Found to have been treated, on Re-inspection 1920		
			Under Local Education Authority's Scheme	Otherwise	Total
	Malnutrition	12	...	25	25
	External Eye Disease	18	9	...	9
	Defective Hearing	1	...	1	1
	Enlarged Cervical Glands ...	2	...	1	1
	Defective Speech ... ..	...	...	1	1
	Teeth-Dental Defect	91	...	26	26
Heart & Circulation	Heart Disease	21	...	10	10
	Anæmia	12	...	8	8
Lungs	Bronchitis	4	...	2	2
	Other Non-Tubercular Diseases	6	...	6	6
Tuber- culosis	Pulmonary, Definite and Suspected	41	...	36	36
	Non-Pulmonary	5	...	2	2
Nervous System	Chorea ... ..	...	...	1	1
	Other Conditions	9	...	...	...
Deformi- ties	Rickets	3	...	1	1
	Spinal Curvature	6	...	...	...
	Other Forms	16	...	1	1
	Other Defects and Diseases ...	4	...	...	...

TABLE V.

Summary of Treatment of Defects as shown in Table IV.

Disease or Defect.	Referred for Treatment 1920	Number of Children found on Re- inspection, 1920, to have been treated		
		Under Local Education Authority's Scheme.	Otherwise	Total
Minor Ailments	164	123	3	126
Visual Defects	64	36	5	41
Defects of Nose and Throat	138	...	63	63
Dental Defects	91	...	26	26
Other Defects	160	9	95	104
Total	617	168	192	360

TABLE VI.

Summary relating to Children Medically Inspected at the
Routine Inspections during the year 1920.

(1) The total number of children medically inspected at the routine inspections	2,484
(2) The number of children in (1) suffering from—	
Malnutrition	12
Skin Disease	40
Defective Vision (including Squint)	48
Eye Disease	13
Defective Hearing	2
Ear Disease	8
Nose and Throat Disease	193
Defective Speech	1
Dental Disease	89
Heart Disease, Organic	13
Functional	9
Anæmia	11
Lung Disease (non-tubercular)	18
Tuberculosis—Pulmonary—Definite	6
Suspected	36
Non-Pulmonary	4
Disease of the Nervous System	5
Deformities	20
Other Defects and Diseases	195
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	131
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing or footgear) ...	384
(5) The number of children found on re-inspection, 1920, to have received treatment for one or more defects (excluding uncleanliness, defective clothing or footgear)	338

TABLE A.

Analysis of certain defects found at Routine Inspections.

		Number	Percentage
TEETH.	None decayed	800	32.2
	1—3 „	1094	44.0
	4—6 „	441	17.8
	7—9 „	129	5.2
	10 or more „	20	.8
TONSILS.	Removed	14	.6
	Normal	2022	81.4
	Slightly enlarged	347	14.0
	Considerably enlarged	93	3.7
	Very much enlarged	8	.3
ADENOIDS.	No obstruction	2348	94.5
	? Obstruction (mouth breathers)	24	1.0
	Slight obstruction	72	2.9
	Considerable obstruction	34	1.4
	Very much obstruction	6	.2
PHYSICAL DEVELOPMENT.	Above average (Index above 1050)	291	11.7
	Average („ 950—1050)	1772	71.4
	Below average („ 900—950)	343	13.8
	Poor („ 850—900)	70	2.8
	Bad („ below 850)	8	.3
PEDICULOSIS (Girls Only).	Clean	747	64.7
	Slight Pediculosis	89	7.7
	Moderate Pediculosis	215	18.6
	Considerable Pediculosis	97	8.4
	Much Pediculosis	7	.6
VISION. (Intermediates & Leavers).	Eyes with vision 6-6 (normal)	2254	91.3
	Eyes with vision 6-9—6-12 of normal	153	6.2
	Eyes with vision 6-18—6-24 of normal	45	1.8
	Eyes with vision 6-36—6-60 of normal	14	.6
	Eyes with vision less than 6-60	2	.1
MENTAL DEVELOPMENT. (Leavers only).	Above average and average	931	92.3
	Dull (2 years or more retarded)	74	7.3
	Feeble-minded	3	.3
	Imbecile ... ..	...	...

